## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 17, 2004 8:00 am **Secretary of State DOCUMENT # M03000000368** 1. Entity Name 02-17-2004 90192 038 \*\*\*\*50.00 CALEAST HD, L.L.C. Principal Place of Business Mailing Address 770 L STREET 770 L STREET SACRAMENTO, CA 95814 SACRAMENTO, CA 95814 2. Principal Place of Business Mailing Address HAGAN & Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LLC CR2E083 (10/03) On E. Landolph City & State City & State 4. FEI Number Applied For hi cas 36-4221847 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) THE WAY THE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State int som that ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME CALEAST INDUSTRIAL INVESTORS, L.L.C. NAME STREET ADDRESS 770 L STREET STREET ADDRESS CITY-ST-ZIP SACRAMENTO, CA 95814 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes But Dobert K. HAGAN TOSIDENT LASALLE TOVENMENT WANAGEMENT TO MANAGEMENT OF THE CONTROL OF THE CONT

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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